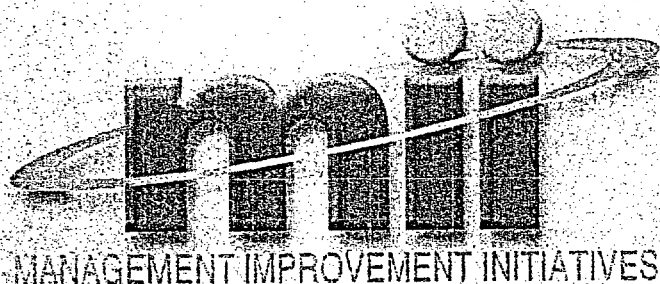


ENCLOSURE 5



Program Level Effectiveness Indicators

Reporting Period: *March 31, 2003*

GENERAL SUMMARY

Following the July submission of the MII to the NRC, a joint DOE / BSC team was established to enhance the Management Improvement Initiatives (MII) effectiveness indicators. During the development of the indicators, the team recognized that a cornerstone of an effective quality assurance (QA) program is the self-identification and resolution of issues by the responsible line organization. Thus, many of the indicators are developed to encourage self-identification of issues so that corrective actions are taken before issues cause significant quality problems. The MII effectiveness indicators focus on the important elements of our performance, such as breakdowns in our QA program implementation, performance-based violations of regulatory requirements, and issues that result or could result in significant NRC enforcement actions.

The team realized that a single indicator for any of the MII key areas was not sufficient. For example, the inherent cross-functional nature of R2A2s means that the effective implementation of the revised R2A2s will affect many if not all of the complex processes on the Program. Therefore, the effectiveness of the revised R2A2s is measured by the success of meeting goals that were not achievable before the MII was implemented, for example, the goals established for CAR closure (EI-6) will not be achieved unless the revised R2A2s are effectively implemented. The team concluded the processes monitored by the effectiveness indicators will not produce the desired goals without an improvement of the R2A2s. It should be noted that a single indicator alone will not measure the effectiveness of R2A2 actions, but taken as a whole, these indicators assess the successful achievement of the MII.

The team assigned effectiveness indicators to the five key areas of MII to assess indicator completeness. The interdependent nature of the MII key areas is demonstrated by the use of an indicator for more than one key area. The following effectiveness indicators were assigned to MII key areas.

A high-quality Program with clear R2A2s will efficiently and effectively resolve cross-functional issues. This means the organization will self-identify and resolve issues before they become major issues. EI-1 measures the success of the Program in preventing major issues from occurring. The Program must find and fix quality issues at the earliest opportunity to successfully meet the goals of EI-1. The success of the organization in finding and fixing issues before they become major issues is monitored by meeting MII closure goals EI-3, -5, -6, and -9. These indicators require R2A2s to be well-defined to accomplish the desired self-identification and timely closure of issues. Change Control Board is a cross-functional activity that will have timeliness issues if the R2A2 are not clearly defined and followed. EI-7 will monitor this process for effective R2A2 implementation. EI-12 will measure the effectiveness of the communication and implementation of the MII R2A2s by conducting a survey of employee attitude and opinion of the success of R2A2 implementation.

Therefore, the effective implementation of the R2A2s will be accomplished if major issues are prevented, the organization identifies and corrects issues in a timely and effective manner, and the organization embraces the changes implemented in the R2A2s.

The effective implementation of the QPP portion of the MII can be demonstrated by the prevention of major issues as measured by EI-1. Fundamental to an effective QA program is the ability of the organization to self-identify and correct issues before the issues adversely affects the Program. Additional indicators become necessary to determine whether the Project is self-identifying and closing important issues in a timely manner. EI-2, -3, -4, -5, -6, and -9 have been chosen as additional effectiveness indicators to monitor this area. These indicators measure the effectiveness of the CAR closure process, the ability of BSC to self-identify issues, the effectiveness of OQA audit process, the performance of department-level self-identification of issues, and the timely closeout of CAR and DR actions.

An effective procedure program has several attributes that indicate successful implementation. The procedures should prevent major issues (EI-1). If there are issues with the procedures, they are identified and resolved in an effective and timely manner (EI-3, -5, -6, -9, and -10). As with any project, the procedure program should meet established schedules (EI-8). Finally, the procedure program should be viewed by the affected workers as usable, responsive to their needs, and effective at revising procedures in a timely manner (EI-12).

The effective implementation of the PRO section of the MII will establish procedures that prevent major issues from occurring, establish a process for the resolution of procedure issues in a timely and effective manner, and be recognized as a process that is responsive and effective in meeting procedural needs of employees. These attributes will be accomplished by meeting the MII closure goals established in EI-1, -3, -5, -6, -8, -9, -10, and -12.

The CAP is an important process in any effective QA program. Because of the close relationship between QPP and CAP, many of the effectiveness indicators for the successful implementation of the CAP will be the same as those selected for the QPP area.

An effective CAP will prevent major issues from occurring (EI-1). It will allow issues to be identified and corrected effectively in a timely manner (EI-2, -3, -5, -6, and -9). The program should be viewed as an effective way for employees to identify and get issues resolved in a non-threatening manner (EI-12).

It is important to provide an environment that encourages the work force to self-identify problems and for those problems to be resolved. By measuring the employee's willingness to raise concerns, OCRWM management is made aware of line management's ability to effectively address issues.

In conclusion, the team obtained information to assess the Program's current performance relative to each indicator MII closure goal. It was concluded that incremental improvement goals were needed for several of the indicators. If at any time the progress is less than desired, the

Roles, Responsibilities, Authorities, and Accountability (R2A2)

EI-1, -3, -5, -6, -7, -9, -12

Quality Assurance Programs and Processes (QPP)

EI-1, -2, -3, -4, -5, -6, -9

Program Procedures (PRO)

EI-1, -3, -5, -6, -8, -9, -10, -12

Corrective Action Program (CAP)

EI-1, -2, -3, -5, -6, -9, -12

Safety Conscious Work Environment (SCWE)

EI-3, -4, -5, -11, -12

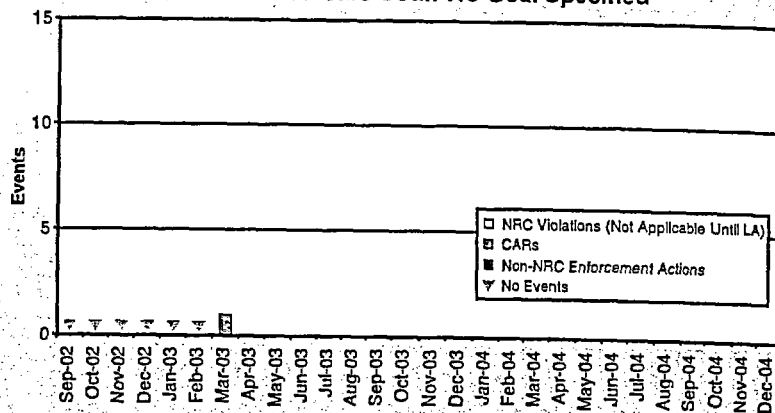
EI-1 Events Per Month

EI-1 NRC Level 1, 2, or 3 Violations, Enforcement Actions, and CARs

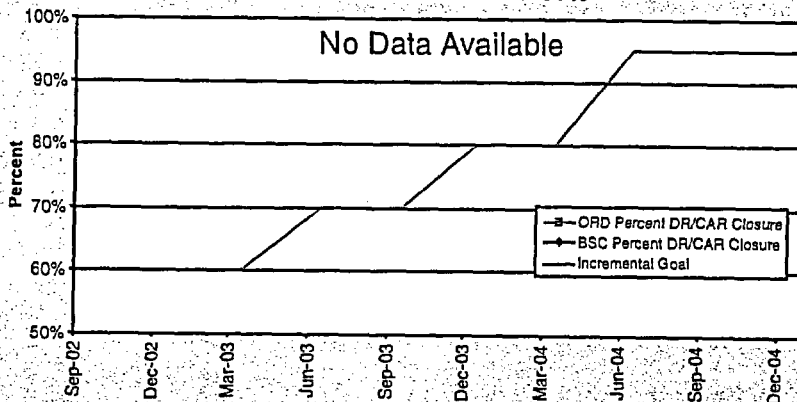
Responsible Manager: Russ Fray
 Data Point of Contact: Len Skoblar

NRC Violation
 CARs
 Non NRC Actions

EI-1 MII Closure Goal: No Goal Specified



EI-2 MII Closure Goal: 95%



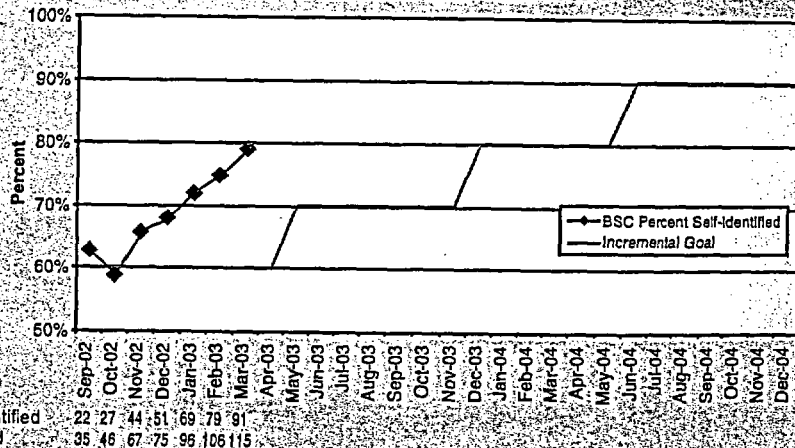
EI-2 Quarterly DR/CAR Closure Effectiveness

EI-2 Number of DR/CAR Corrective Actions Determined Effective by External Review
 Number of DR/CAR Corrective Actions Reviewed by External Review

Responsible Manager: Russ Fray
 Data Point of Contact: Len Skoblar

NO DATA AVAILABLE

EI-3 MII Closure Goal: 90%



Self-Identified
 Assigned

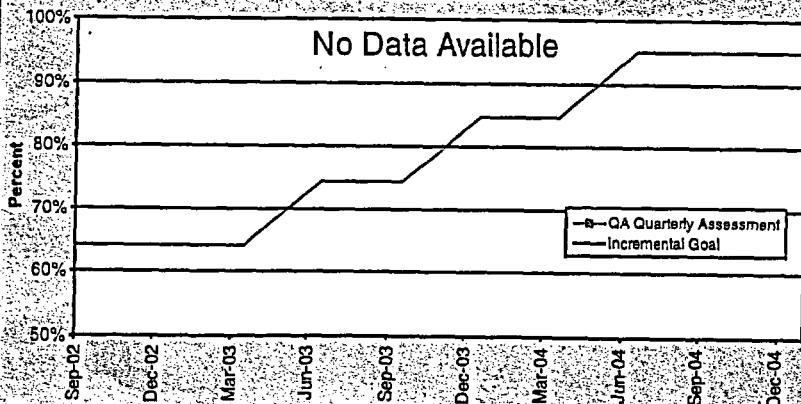
EI-4 Quarterly Effectiveness Assessment

EI-4 Number of Project Identified DRs/CARs
 Total Number of Project and Externally Identified DRs/CARs
 DRs are temporarily included.

Responsible Manager: Russ Fray
 Data Point of Contact: Len Skoblar

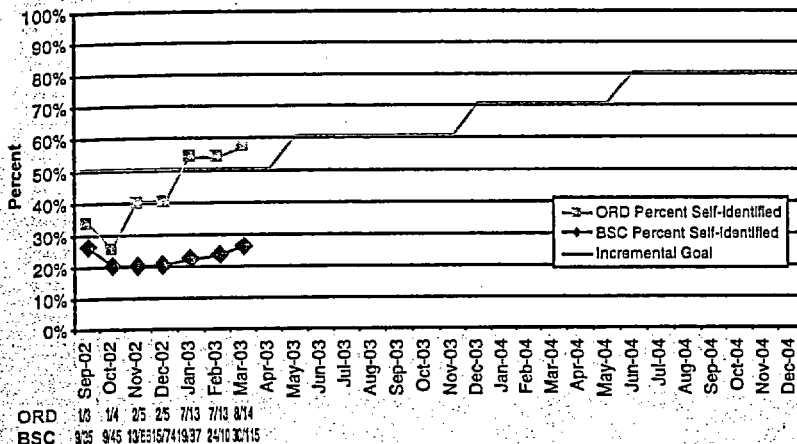
NO DATA AVAILABLE

EI-4 MII Closure Goal: 95%



BLUE ■ Significantly exceeds expectations
 GREEN ■ Meets or exceeds expectations
 ■ Borderline or declining performance

EI-5 MII Closure Goal: 80%



EI-5 Self-Identified Department Issues (DRs/CARs)

EI-5 Six-Month Cumulative Number of Department Issues Self-Identified (DRs/CARs)
Six-Month Cumulative Number of Department Issues (DRs/CARs)

Responsible Manager: Russ Fray
Data Point of Contact: Len Skoblar



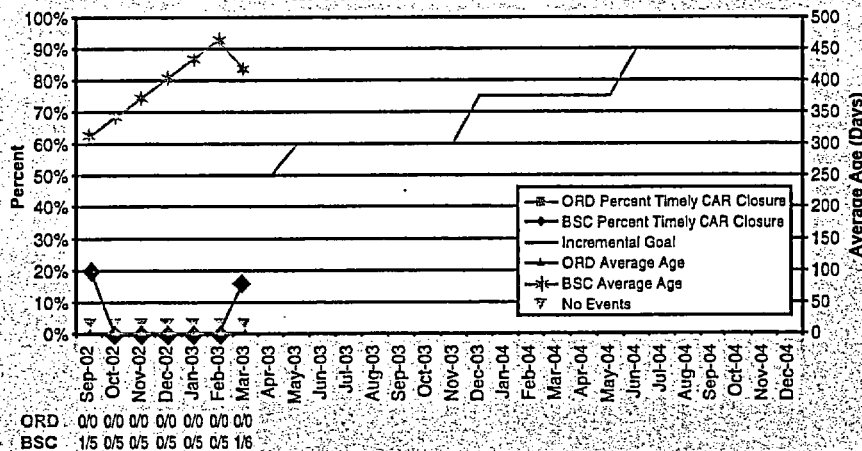
EI-6 Timely CAR Closure

EI-6A Six-Month Cumulative Number of CARs (< 100 Days)
Six-Month Cumulative Number Total Number of CARs
EI-6B Six-Month Cumulative Days Open for All CARs
Six-Month Cumulative Number of CARs

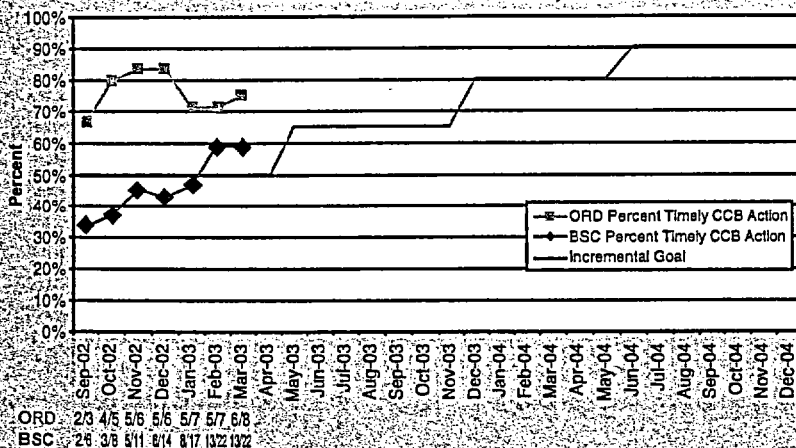
Responsible Manager: Russ Fray
Data Point of Contact: Len Skoblar



EI-6 MII Closure Goal: 90%



EI-7 MII Closure Goal: ORD - 90%, BSC - 90%



EI-7 Timely Change Control Board (CCB) Action

EI-7A Six-Month Cumulative ORD Actions (< 7 Days after Level 3 Disposition)
Total ORD Actions
EI-7B Six-Month Cumulative BSC Actions (< 21 Days)
Total BSC Actions

Responsible Manager: Scott Hajner
Data Point of Contact: Bill Sutfin



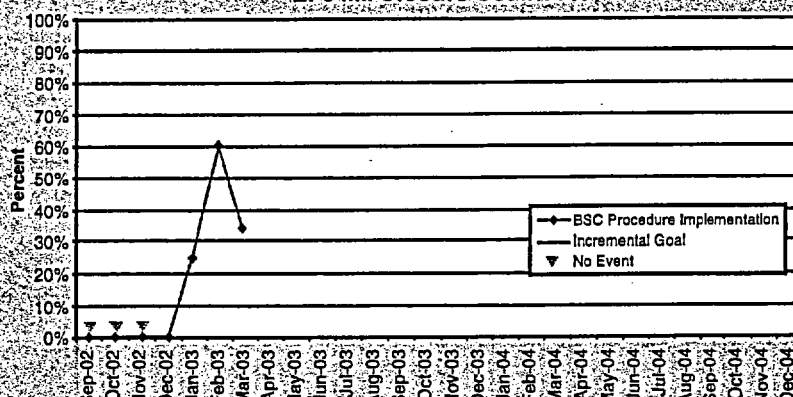
EI-8 BSC Procedure Implementation Schedule

EI-8 Six-Month Cumulative Number of MII Procedures Issued within Schedule
Six-Month Cumulative Number of MII Procedures Issued

Responsible Manager: Melinda d'Ouville
Data Point of Contact: Jim King



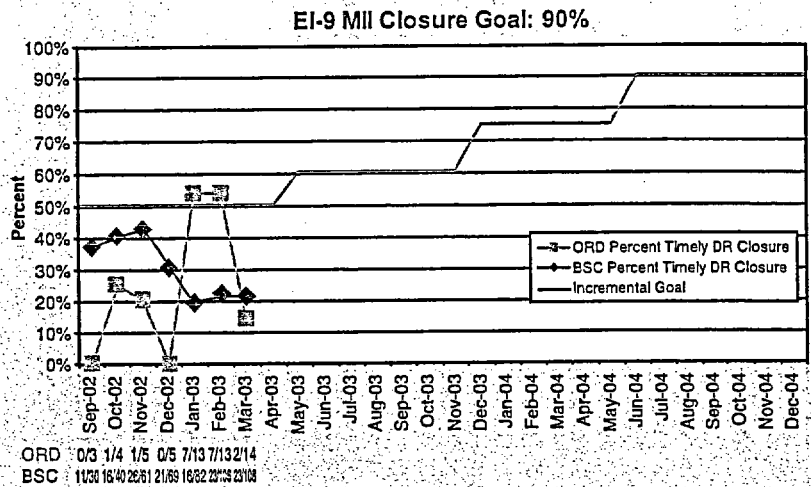
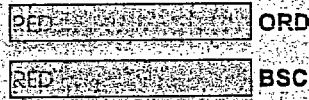
EI-8 MII Closure Goal: 90%



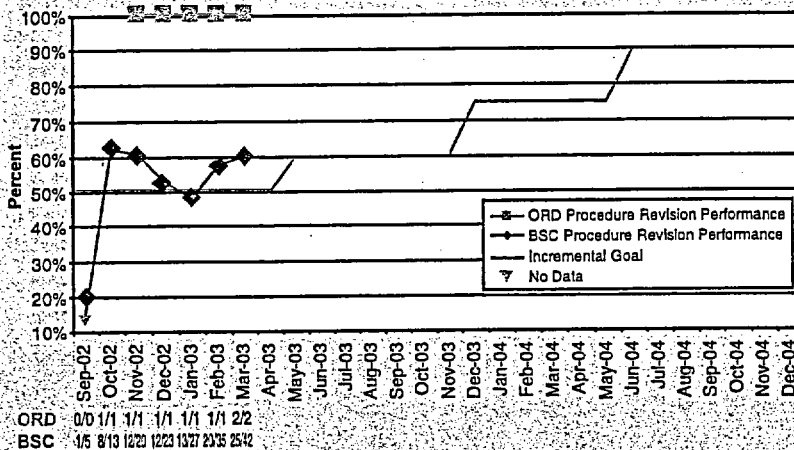
● EI-9 Timely DR Closure

EI-9 Six-Month Cumulative Number of DRs (< 45 Days)
Six-Month Cumulative Total Number of DRs

Responsible Manager: Russ Fray
Data Point of Contact: Len Skoblar



EI-10 MII Closure Goal: 90%



● EI-10 Procedure Revisions Performance

EI-10 Six-Month Cumulative Number of Procedure Revisions Based on Initiation (< 45 Days)
Six-Month Cumulative Number of Procedure Revisions Based on Initiation

Responsible Manager: Melinda d'Ouille
Data Point of Contact: Melinda d'Ouille

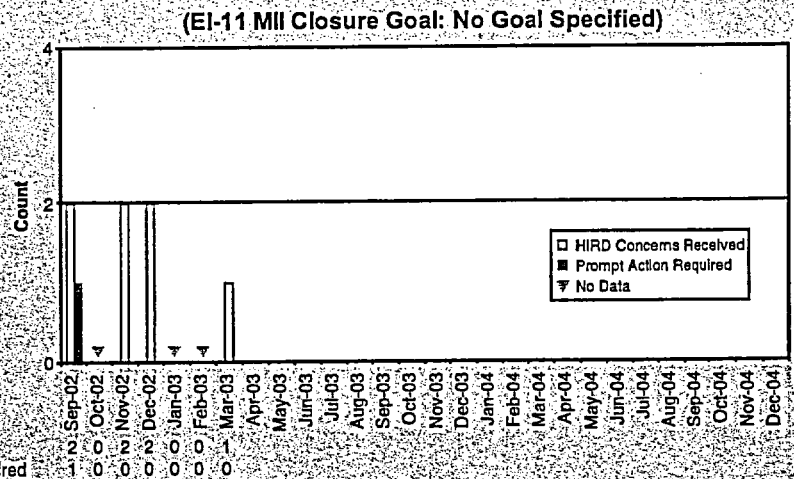


● EI-11 Monthly HIRD Concerns Received

EI-11 Number of HIRD Concerns Received

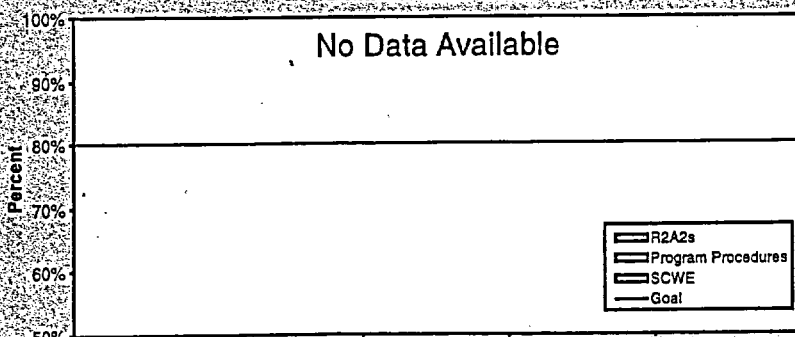
Responsible Manager: Dick Phares
Data Point of Contact: Dick Phares

Concerns Received
Prompt Action Required



EI-12 MII Closure Goal: 80%

No Data Available



● EI-12 BSC Surveys - MII Procedures, R2A2, SCWE

EI-12 General Project Population Understands and Properly Implements the Revised R2A2s
Program Procedure
Safety Conscious Work Environment

Responsible Manager: Melinda d'Ouille
Data Point of Contact: Russ Riding